



PRESENTS:

**ADVANCED
SANITATION
WORKSHOP**



November 10 - 12, 2009
Murfreesboro, TN

Course Description:

This is an in-depth 3-day advanced training program for individuals having responsibilities for sanitation and quality control practices in food and dairy plants. The objective is to provide the individual with advanced skills regarding the properties of cleaning and sanitation. The material is presented in practical terms so that the individual may gain a better understanding of important aspects of producing quality products.

Who Should Attend?

Designed for Production Managers, Supervisors, Foremen, Sanitation and Quality Assurance Personnel.

Topics Include:

- ◆ Chemical Safety/Chemical Testing
- ◆ Cleaning and Sanitizing Concepts
- ◆ Foam Cleaning Theory and Practices
- ◆ CIP/COP Theory and Practices
- ◆ Food Microbiology
- ◆ Sensory Evaluations
- ◆ In-Plant Problem Solving
- ◆ Allergens
- ◆ Controlling Costs

Course Schedule:

The class will start promptly at 8:00 a.m. on Tuesday, and will be concluded by 3:00 p.m. on Thursday. Informal (controlled) discussion sessions and in-plant demonstrations will be held.

Course Location & Accommodations:

The Hampton Inn will hold a block of rooms. Room reservations should be made by Sunday, **October 11, 2009** directly with the hotel. **Please advise the hotel that you will be attending the Randolph Associates, Inc. workshop to receive the special discount room rate.**

Hampton Inn
325 N. Thompson Lane
Murfreesboro, TN 37129
615-890-2424
Fax: 615-890-2404
Rate: \$109.00 Single/Double
Group Code: CHXRAS

REGISTRATION FORM

(ADVANCED REGISTRATION REQUIRED)

Sanitation Workshop

November 10 - 12, 2009



COMPANY NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ FAX: _____

CONTACT PERSON: _____ CONTACT EMAIL: _____

Participants:

| First Name | Last Name | E-mail Address |
|------------|-----------|----------------|
| | | |
| | | |
| | | |

Registration:

| | Fee | No. | Total |
|---|-------|--------|---------|
| WORKSHOP Registration (first attendee): | \$895 | X 1 | = \$895 |
| (additional attendees): | \$795 | X ____ | = _____ |

Total Registration Fees:

Payment Information:

Make checks payable in US funds to Randolph Associates, Inc.

Payment Enclosed Bill my company (PO#: _____)

Credit Card

Please charge my: Mastercard Visa Am-Ex Discover

_____|_____|_____|_____| _____|_____|_____|_____| _____|_____|_____|_____| _____|_____|_____|_____| Exp: ____|____| / ____|____|

Security (CID) Code*: ____|____|____|____|

Signature of Cardholder*: _____ Name (Print): _____

Billing Address of Cardholder: _____

**Required to protect against fraud.*

RETURN TO: Randolph Associates, Inc.
Attn: Workshop Registration
3820 3rd Avenue South, Suite 100
Birmingham, AL 35222

Ph: (205) 595-6455
Fax: (888) 874-0587
E-mail: kristy.clark@raiconsult.com

Cancellation Policy:

A full refund will be made if cancellations are received five (5) days prior to the start of the seminar. Attendees cancelling later than five (5) days prior to the start of the seminar will be subject to a \$100 service fee. Substitutions will be permitted at any time.